

24-hour Contact List of Cambridge Bio-Tech Industry Representative(s)
for use by **Cambridge LEPC** during Emergencies

1. BUSINESS NAME: _____
2. LOCATION OF FACILITY: _____
3. TYPE OF BUSINESS (circle all that apply): Office; Laboratory; Manufacturing; Other: _____
4. EMERGENCY CONTACT(s): _____
5. Is there a 24 / 7 Emergency phone number for this Facility? (circle one) **YES** or **NO**
6. If **“YES”**, what is it? _____
7. Who staffs it (i.e. Security, Safety, Facilities, etc...)? _____
8. If **“NO”**, how is “off-hour” coverage maintained? _____
9. Additional Individual Emergency Contacts:
 - 1) Job Title: _____, Last Name: _____, First Name: _____
Office Phone: _____, Home phone: _____
Other (cell) phone: _____, Email address: _____
 - 2) Job Title: _____, Last Name: _____, First Name: _____
Office Phone: _____, Home phone: _____
Other (cell) phone: _____, Email address: _____
 - 3) Job Title: _____, Last Name: _____, First Name: _____
Office Phone: _____, Home phone: _____
Other (cell) phone: _____, Email address: _____
10. Primary Emergency Back-up Contractor: _____

This form was completed by: _____
Print Name, Job title
Signature Date: _____

MAIL TO THE FOLLOWING LOCATION: Martin Horowitz, Analog Devices,
21 Osborn St., Cambridge, MA 02139